



**SPECIAL  
POINTS OF  
INTEREST:**

**Open Enrollment  
Meetings:**

**Monday  
October 25  
9:00 AM  
Board Room**

**Wednesday  
October 27  
9:00 AM  
Board Room**

**Government Center  
1 Harrison Street, SE  
1st Floor**

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# RETIREE UPDATE

VOLUME 1, ISSUE 1

OCTOBER 2010

## Open Enrollment October 15—November 15

On October 5, 2010, the Board of Supervisors approved the award of joint five year contracts for group health plans. The contracts were awarded to:

**Medical  
CIGNA HealthCare**

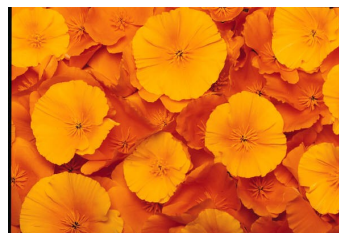
**Prescription Drugs  
Medco Health  
Solutions, Inc.**

**Dental  
Delta Dental**

**Vision  
Davis Vision**

The contract awards are the result of several months of evaluation and analysis of available health plans that focused on quality, cost, phy-

sician network stability, plan utilization, national benchmarks, disease management, and wellness programs.



The health plan open enrollment period provides retirees the opportunity to evaluate healthcare needs and options. Retirees in the pre-65 group can switch between the CIGNA Point of Service or Open Access plans or vice versa.

As a result of the passing of

the Patient Protection and Affordable Care Act (better known as Health Care Reform), retirees can now add dependent children up to age 26 onto their health plan.

In order to make changes, retirees would need to complete the health plan enrollment/change form indicating their elections. The form can be requested by calling 703-777-0517 or visit the new retiree website [www.loudoun.gov/retiree](http://www.loudoun.gov/retiree) to download the form.

If a retiree does not want to make any changes to their current coverage, then they do not have to do anything. Their elections will continue to roll over to a the next plan year.



**Medicare Advantage Alliance**  
Brought to you by CIGNA and Humana

**HUMANA**  
Guidance when you need it most

### POST-65 Retirees—CIGNA Teams Up With Humana

Medicare advantage plans are required by law to include provider networks for participants to access. Therefore, CIGNA has partnered with Humana to administer the CIGNA Medicare Advantage private fee for service plan. Effective January 1, 2011, post-65retirees will see Humana

as the name of their Medicare advantage plan. New id cards will be issued with a new customer service phone number and claims address.

Additionally, during the October 5th board meeting, the Board of Supervisors approved the inclu-

sion of chemotherapy as a covered benefit under this plan. Please see the benefits summary for complete details on this plan.

Open enrollment meetings are scheduled on October 25th and 27th to provide an overview of these changes.

# Health Plan Design Changes

**Plan Year:** The plan year will be from January 1—December 31 for all plans.

**Premiums:** As a result of the changes required under Health Care Reform, plan costs are estimated to increase 9.5% for Plan Year 2011. See the rate chart

**Davis Vision Coverage:** A three-tiered co-pay structure will be established for frames. Tier 1 (Davis Fashion frames) would continue to have no co-payment. Tier 2

(Designer frames) will increase to a \$15 co-payment. Tier 3 (Premier frames) will increase from \$25 to \$40. Copayments for the optional services (e.g., anti-reflective, polycarbonate lenses, progressives) will increase in a range from \$3 to \$15.

**New Pharmacy Benefit Administrator:** Medco Health Solutions, Inc. will take over administrative servicing of the County's pre-

scription drug benefit program. Welcome packets will be mailed to pre-65 retirees and dependents. There is no change to the prescription retail or mail order co-pays.

**Retiree Health Plan—Post 65 Group:** Added coverage for chemotherapy treatment has been included in the private fee-for-service.

## Impact of Health Care Reform

The Patient Protection and Affordable Care Act provides for mandated requirements in the county sponsored health plans. Below is a summary of the mandated changes.

**Dependent Coverage:** The Health and Human Services (HHS) definition of eligible dependent will extend coverage to a participant's adult children until the age of 26, even if the adult child no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. The new federal definition providing access for adult children applies to both married and unmarried children although their spouses and children do not qualify. The definition of eligible dependent child is solely based on the relationship between parent participant and child.

**Lifetime Maximums:** The new Health Care Reform provisions require the elimination of health plan lifetime maximum limits. As a result, the current out-of-network \$1.0 million lifetime maximum for our POS and OAP plans will be eliminated. All County medical plans will continue to have unlimited in-network maximums.

**Preventative Care Services:** Elimination of cost sharing is also required under the new rules and regulations. Costs associated with mammograms, routine vaccinations, wellness, and evidence-based preventative care will be eliminated.

**Emergency Rooms:** The new mandate requires that out-of-network emergency room services be set at a limit which is no higher than in-network costs and services.

*Check out the new Retiree Website. Go to [www.loudoun.gov/retiree](http://www.loudoun.gov/retiree)*

*Check back for updates!*

OPEN  
ENROLLMENT  
2011



RETIREE UPDATE

**COUNTY OF LOUDOUN**  
**PLAN YEAR 2011**  
**PRE-65 RETIREE GROUP HEALTH PLAN RATES**  
*January 1, 2011 – December 31, 2011*

	Point-of Service (POS)			Open Access Plus (OAP)		
	Retiree (monthly)	County (monthly)	Total (monthly)	Retiree (monthly)	County (monthly)	Total (monthly)
<b>Full Career Retirees – 25+ years</b>						
Individual	\$ 62.95	\$ 566.59	\$ 629.54	\$ 27.57	\$ 523.91	\$ 551.48
Individual + 1	\$ 172.33	\$ 976.56	\$ 1,148.89	\$ 151.05	\$ 855.97	\$ 1,007.02
Family	\$ 354.13	\$ 1,219.76	\$ 1,573.89	\$ 303.32	\$ 1,075.41	\$ 1,378.73
<b>Retirees with 20 – 24 yrs</b>						
Individual	\$ 176.27	\$ 453.27	\$ 629.54	\$ 132.36	\$ 419.12	\$ 551.48
Individual + 1	\$ 367.64	\$ 781.25	\$ 1,148.89	\$ 322.25	\$ 684.77	\$ 1,007.02
Family	\$ 598.08	\$ 975.81	\$ 1,573.89	\$ 518.40	\$ 860.33	\$ 1,378.73
<b>Retirees with 15 – 19 yrs</b>						
Individual	\$ 402.91	\$ 226.63	\$ 629.54	\$ 341.92	\$ 209.56	\$ 551.48
Individual + 1	\$ 758.27	\$ 390.62	\$ 1,148.89	\$ 664.63	\$ 342.39	\$ 1,007.02
Family	\$ 1,085.98	\$ 487.91	\$ 1,573.89	\$ 948.57	\$ 430.16	\$ 1,378.73
<b>Retirees with 10 – 14 yrs</b>						
Individual	\$ 516.22	\$ 113.32	\$ 629.54	\$ 446.70	\$ 104.78	\$ 551.48
Individual + 1	\$ 953.58	\$ 195.31	\$ 1,148.89	\$ 835.83	\$ 171.19	\$ 1,007.02
Family	\$ 1,329.94	\$ 243.95	\$ 1,573.89	\$ 1,163.65	\$ 215.08	\$ 1,378.73

**PLAN YEAR 2011**  
**MEDICARE (AGE 65+) RETIREE GROUP HEALTH PLAN RATES**  
**Private Fee for Service (PFFS) Plans**  
*January 1, 2011 – December 31, 2011*

	Point-of Service (POS)			Open Access Plus (OAP)		
	Retiree (monthly)	County (monthly)	Total (monthly)	Retiree (monthly)	County (monthly)	Total (monthly)
<b>Full Career Retirees – 25+ years</b>						
1 Medicare	\$ 0.00	\$ 248.00	\$ 248.00	\$ 0.00	\$ 248.00	\$ 248.00
1 Medicare + 1 Individual	\$ 62.95	\$ 814.59	\$ 877.54	\$ 27.57	\$ 771.91	\$ 799.48
2 Medicare	\$ 0.00	\$ 496.00	\$ 496.00	\$ 0.00	\$ 496.00	\$ 496.00
Family + 1 Medicare	\$ 314.30	\$ 1,082.59	\$ 1,396.89	\$ 276.10	\$ 978.92	\$ 1,255.02
<b>Retirees with 20 – 24 yrs</b>						
1 Medicare	\$ 24.80	\$ 223.20	\$ 248.00	\$ 24.80	\$ 223.20	\$ 248.00
1 Medicare + 1 Individual	\$ 222.90	\$ 654.64	\$ 877.54	\$ 180.68	\$ 618.80	\$ 799.48
2 Medicare	\$ 49.60	\$ 446.40	\$ 496.00	\$ 49.60	\$ 446.40	\$ 496.00
Family + 1 Medicare	\$ 530.82	\$ 866.07	\$ 1,396.89	\$ 476.91	\$ 778.11	\$ 1,255.02
<b>Retirees with 15 – 19 yrs</b>						
1 Medicare	\$ 148.80	\$ 99.20	\$ 248.00	\$ 148.80	\$ 99.20	\$ 248.00
1 Medicare + 1 Individual	\$ 550.22	\$ 327.32	\$ 877.54	\$ 490.08	\$ 309.40	\$ 799.48
2 Medicare	\$ 297.60	\$ 198.40	\$ 496.00	\$ 297.60	\$ 198.40	\$ 496.00
Family + 1 Medicare	\$ 963.85	\$ 433.04	\$ 1,396.89	\$ 865.96	\$ 389.06	\$ 1,255.02
<b>Retirees with 10 – 14 yrs</b>						
1 Medicare	\$ 198.40	\$ 49.60	\$ 248.00	\$ 198.40	\$ 49.60	\$ 248.00
1 Medicare + 1 Individual	\$ 713.44	\$ 164.10	\$ 877.54	\$ 644.38	\$ 155.10	\$ 799.48
2 Medicare	\$ 396.80	\$ 99.20	\$ 496.00	\$ 396.80	\$ 99.20	\$ 496.00
Family + 1 Medicare	\$ 1,180.37	\$ 216.52	\$ 1,396.89	\$ 1,060.49	\$ 194.53	\$ 1,255.02

## Retiree Health Plan Eligibility

Employees are required to have a minimum of 10 years of County service to be eligible to enroll in the retiree health plan. Employees' dependents must be currently enrolled in the group health plan at the time of the employee's retirement and have been enrolled in the Group Health Plan for a minimum of 1 out of the last 5 years including the preceding 12 months beginning with PY10 (2 out of the last 5 years in PY11 including the preceding 12 months; 3 out of the last 5 years in PY12 including the preceding 12 months). Pre-65 retirees may elect to enroll in the POS or OAP Plan. Post-65 retirees and disability retirees who qualify for Medicare are enrolled in the CIGNA Medicare Access Plus RX Plan. CIGNA Vision and Delta Dental are included with the CIGNA Medicare Access Plus RX Plan premiums.

Retirees are defined as those individuals who retired from County service and who immediately begin receiving, and are currently receiving, a retirement annuity from VRS. Individuals who resigned from County employment and delayed receipt of retirement benefits from VRS are not considered retirees and are not eligible to continue coverage under the retiree health plan.

Former members of the Board of Supervisors are eligible to retain health benefits, if at the time they leave office; they would have met the age and service requirements for retirement under VRS and the County's eligibility criteria.

Years of service are computed based upon the number of full-time years of employment in a benefits-eligible position with the County of Loudoun. Part-time service is pro-rated and converted to a full-time equivalent.

Employees may waive coverage under the retiree health plan if coverage is available under another plan, and later opt back in at the same level of coverage in effect at the time of their retirement with proof of credible coverage (requires continued coverage with no lapse in coverage). Retirees are not eligible to add dependents after retirement. The spouse of a deceased retiree is eligible to retain coverage if covered at the time of the retiree's death. Premiums are based on the level of coverage and the retiree's years of service.

Retirees / spouses who are eligible for Medicare Parts "A" and "B" must enroll for Medicare coverage and provide proof of enrollment within 45 days of their effective date in order to retain coverage under the County's plan.

For dual service retirees, the "greater of" (not combined) years of service is used to determine the premium level.

You may not enroll in another Medicare Advantage plan and simultaneously participate in the CIGNA Medicare Access Plus RX Plan for retirees with Loudoun County.

Disability retirees are subject to the same years of service requirements as other retirees with regard to their eligibility and premium level. Disability retirees are required to enroll in Medicare Parts "A" and "B" at the time they become eligible and provide proof of enrollment within 45 days of their effective date in order to retain coverage under the County's plan.

### *Contact Benefits*

*Call :*

*Benefits Help Line 703-  
777-0517*

*Email:*

*[benefits@loudoun.gov](mailto:benefits@loudoun.gov)*

*Fax:*

*571-258-3212*